Does Your Child Need a Revision of the Lip Frenulum?

Early diagnosis and treatment of an abnormal frenulum attachment with the simple and quick revision technique using a diode laser can prevent misdirection, spaces, and decay of maxillary teeth and does not present any significant risks to the child.

When Maxillary Frenulum Needs Revision

The maxillary frenulum attachment in most individuals is positioned above the upper front teeth. When the tissue inserts or attaches between the two central incisors or just in front of the incisors, revising the attachment may prevent the formation of a gap as the permanent teeth erupt. In some cases, the tightness of the lip to the teeth may also be a contributing cause of:

1) Decay formation on the front surfaces of the upper teeth.
2) Gaps (diastemas) forming between front teeth with crowding of neighbors.
3) Breastfeeding problems with infants.
4) Periodontal or gum disease in adults.

Pictures A & B are type I & II frenulums and generally do not need revision. Pictures C & D are type III & IV frenulums. They are dropping between the teeth making them hard to brush. Space is starting to occur between the teeth and brushing can be difficult.

Revision Treatment

The procedure is completed easily using a local anesthetic to numb the area followed by the laser energy to vaporize and remove the abnormal attachment.

Using the laser allows for faster healing, very little or no post-operative discomfort and in most cases no stitches.

Post-Operative Care

Successful revision of the frenulum depends on care after the completion of the office procedure:

1. After numbing is gone, use Tylenol or similar medications if there is some slight discomfort.
2. The Front teeth **must be brushed** daily to remove plaque or the tissue will not heal correctly.
3. Place **Vitamin E or Vaseline** on the revision site in the morning and at bedtime.
4. At least 2 times per day, pull the lip **upward** to prevent the reattachment of the lip to the gum.
5. 1-2x a day use peroxide rinse (Peroxyl) or warm salt water rinse on the surgical site.
6. Return to the office in **one week** for a post treatment evaluation.
Revision of the Lingual Frenulum (Tongue-Tie)

Early diagnosis and treatment of an abnormal frenulum attachment with the simple and quick revision technique using a diode laser can help prevent, airway, sleep, snoring, speech and orthodontic problems.

When Lingual Frenulum Needs Revision

The lingual frenulum attachment is a membrane attaching the middle of the tongue to the floor of the mouth. When this membrane attaches too close to the tip of the tongue, revising the attachment may prevent the formation of:

1) Sleep apnea, snoring, airway problems
2) Swallowing problems with a sensitive gag reflex
3) Small upper jaw (maxilla) and large lower jaw (mandible).
4) Breastfeeding problems with infants.

Type I & II frenulums generally do not need revision. Type III & IV frenulums can be part problems listed above and need revision.

Revision Treatment

1. After numbing is gone, use Tylenol or similar medications if there is some slight discomfort.
2. The Front teeth must be brushed daily to remove plaque or the tissue will not heal correctly
3. Place Vitamin E, Vaseline, or Emprizone on the revision site in the morning and at bedtime.
4. At least 2 times per day, push into the wound up and down to prevent the reattachment.
5. 1-2x a day use peroxide rinse (Peroxyl) or warm salt water rinse on the surgical site.
6. Return to the office in one week for a post treatment evaluation.

The procedure is completed easily using a local anesthetic to numb the area followed by the laser energy to vaporize and remove the abnormal attachment. Using the laser allows for faster healing, very little or no post-operative discomfort and in most cases, no stitches.

Post-Operative Care

Successful revision of the frenulum depends on care after the completion of the office procedure.
Scott Siegel’s Website

http://www.nomcs.com/LASER-TONGUE---LIP-TIE.html

LASER TONGUE & LIP TIE

Dr. Scott Siegel is one of the only surgical specialists in the United States who has advanced beyond traditional cold steel tongue tie surgery—commonly referred to as "clipping" or "snipping" frenulums. Dr. Siegel performs Laser Tongue & Lip Tie Release Surgery, which is typically a blood-free and painless procedure.
Dr. Siegel was trained in Medical School sixteen years ago by renowned pediatric surgeon and "guru" of tongue tie surgery, Dr. Betty Coryllos. Advances in Laser Technology have enabled Dr. Siegel, a member of American Society of Laser Medicine and Surgery (ASLMS), to now perform Laser Tongue Tie Surgery on infants through senior adults with vast experience, increased safety and faster recovery.

As a father of three children, Dr. Siegel is sensitive to the urgency of feeding issues in infants who are breast or bottle fed, as well the additional stresses that tongue tie places upon a postpartum family. Dr. Siegel has found that welcoming a parent to stay with their child during the procedure reduces patient/family anxiety greatly, as reflected in.

Dr. Siegel, an Advisory Board Member of the National Association of Teachers of Singing (NATS)- NYC, also supports the vocal health and potential of singers. When indicated, laser tongue tie surgery exponentially improves the singing voice by increasing tongue mobility.

A team approach with IBLC, Orthodontists, Speech and Language Pathologists, singers and their coaches ensures that Dr. Siegel’s patients have seamless continuity of care after surgery.

For international or out-of-state patients, Dr. Siegel’s staff assists with making any necessary travel arrangements. Please visit Dr. Siegel's Blog on Laser Tongue Tie Release for additional information and Dr. Siegel’s contact information will ensure his timely response to any questions and/or concerns you may have.
Frank Sierra, DMD

Introduction and Explanation

I am attaching my new baby packet regarding ties. I send this on initial contact. I then spend a great deal of time on the phone prior to the consultation in office. I spend a great deal of time discussing postop pain plan including supportive tx (skin to skin, bf, cold applications), Hyland's teething gel/drops, Baby oralgel Natural, Tylenol, stretches. We also make sure that we have LC support scheduled a day or two after revision.

If we are prepared then the office visit goes quickly...exam, diagnosis, options, revision if indicated and desired. Parents are given the option of staying in room.

We use Innovative Optics for baby, toddler, and staff/parent goggles. I wear loupes so use Innovative Optics clipins.

I do most revisions with Xlase 1064nm diode. I also have a Lightwalker Er:YAG but find the diode works better in my hands for soft tissue.

I see the baby at 1 week, 3 weeks postop and prn.

Frank

Frank J. Sierra, DMD
Diplomate of the American Board of Pediatric Dentistry
Oral Health Care for Children With Special Needs
5420 Webb Rd, C2, Tampa, FL 33615
813.889.0780  Fax 813.885.2642
www.SierraDMD.com
Tongue-tie (Ankyloglossia) and Lip-tie (Lip Adhesion)

Most of us think of tongue--tie as a situation we find ourselves in when we are too excited to speak. Actually, tongue--tie is the non--medical term for a relatively common physical condition that limits the use of the tongue, ankyloglossia. Lip-tie is a condition where the upper lip cannot be curled or moved normally.

Before we are born, a strong cord of tissue that guides development of mouth structures is positioned in the center of the mouth. It is called a frenulum. As we develop, this frenulum recedes and thins. The lingual (tongue) or labial (lip) frenulum is visible and easily felt if you look in the mirror under your tongue and lip. In some children, the frenulum is especially tight or fails to recede and may cause tongue/lip mobility problems.

The tongue and lip are a very complex group of muscles and are important for all oral function. For this reason having tongue--tie can lead to nursing, eating, dental, or speech problems, which may be serious in some individuals.

When Is Tongue and Lip--Tie a Problem That Needs Treatment?

| Infants |
A new baby with a too tight tongue and/or lip frenulum can have trouble sucking and may have poor weight gain. If they cannot make a good seal on the nipple, they may swallow air causing gas and stomach problems. Such feeding problems should be discussed with Dr. Sierra. Nursing mothers who experience significant pain while nursing or whose baby has trouble latching on should have their child evaluated for tongue and lip tie. Although it is often overlooked, tongue and lip tie can be an underlying cause of feeding problems that not only affect a child’s weight gain, but lead many mothers to abandon breastfeeding altogether.

| In Toddlers and Older Children |

Speech
While the tongue is remarkably able to compensate and many children have no speech impediments due to tongue--tie, others may. By the age of three, speech problems, especially articulation of the sounds -- l, r, t, d, n, th, sh, and z may be noticeable. Evaluation may be needed if more than half of a three--year--old child’s speech is not understood outside of the family circle. Although there is no obvious way to tell in infancy which children with ankyloglossia will have speech difficulties later, the following associated characteristics are common:

- V--shaped notch at the tip of the tongue
- Inability to stick out the tongue past the upper gums
- Inability to touch the roof of the mouth
- Difficulty moving the tongue from side to side

As a simple test, caregivers or parents might ask themselves if the child can lick an ice cream cone or lollipop without much difficulty. If they cannot, then it may be time to consult

Dental
For older children with tongue--tie, appearance can be affected by persistent dental problems such as a gap between the top or bottom two front teeth. The frenulum can also pull against the gingiva (gums) on the front or back of the teeth causing recession. In addition to the esthetic problem, this can lead to sensitivity and pain. The tight lip frenulum may trap food, plaque, and bacteria against the teeth. This is a major factor in Early Childhood Caries (nursing/bottle cavities).
Tongue-tie & Lip-tie Revision Procedure

Tongue-tie and Lip-tie revision is a simple procedure and there are normally no complications. The procedure may be performed as early as the day of birth. The revision can be performed in our office or in the hospital room/nursery before discharge. There are anesthesia options for some children if you desire.

Dr. Sierra uses a LASER to perform the revision. A cream to numb the area can be applied for comfort. Older children who understand the procedure usually report no pain at all during the procedure. Younger children and babies usually object and cry. This is usually a response to being with their mouth open. The parents are invited to hold the child or wait outside of the room during the quick procedure. The choice is a personal one. The laser gently removes the frenulum tissue with virtually no bleeding. Stitches are usually not required. The baby is allowed to nurse or feed immediately after the procedure!

After the Procedure

Pain, Bleeding and Appearance

The discomfort from lip and tongue-tie release usually only lasts for about 24 hrs, although in older children the discomfort may last about 48 hrs. If a lip-tie was released, you may notice some swelling of the lip for a few days after the procedure. For babies, breastfeeding and skin-to-skin contact provide natural pain relief, however your child may need something for pain for the first 24-48 hrs. Acetaminophen (Tylenol), and homeopathics are both effective forms of pain relief. What you give is a personal decision based on what you are most comfortable with. If you are giving medication, please check with Dr. Sierra or your pharmacist for the appropriate dose and to make sure that the medication is right for your child. Remember that dosages should be based on a child’s weight, not age. Children under the age of 2 months should not be given ibuprofen (Motrin/Advil) and children should never be given aspirin due to the risk of Reye’s syndrome. Topical numbing ointments containing benzocaine (ex. Orajel/Anbesol) should not be used due to health risks. There is usually very little bleeding with tongue and lip-tie revision, especially if a laser is used. If your child experiences any bleeding after the procedure, direct pressure on the area should quickly stop it. The areas where the ties were revised will be white or yellowish in appearance, this is normal healing and is not an indication of infection. Full healing takes a few weeks.

Stretching Exercises

Stretching exercises after lip and tongue-tie release help to reduce the risk of reattachment and the need for further procedures. You will begin stretching exercises on the day of the procedure, stretching 6 times in 24 hours. Stretches should be quick, you only need to hold them for 3-5 seconds. We will show you how before the procedure. Children usually don’t like the stretches, and they may cry or fuss but they should calm down quickly once you are done.
Results

One of the most important things to understand when your child has a tongue and/or lip–tie revised is that improvement is rarely immediate. The revision of the frenulum is usually just the first step. Your child will need some time to figure out what to do with the new mobility of their tongue and lip.

The tongue is a muscle, and it becomes used to functioning in a certain way just like any other muscle in the body. When tongue function is restricted by a tongue-tie, the body adapts. Since the tongue isn’t able to function the way it’s supposed to, other muscles have to help compensate. In turn, the muscles that are compensating for the restricted tongue function now aren’t doing their job properly, so more muscles have to help compensate. When a tongue-tie is released, the child has no muscle memory of how to use their tongue without the restriction. It takes time for the brain to figure out how to use it effectively once the tie is released.

| Babies |

As mentioned above, it is very normal to not notice much difference in nursing to start with. Sometimes there may even be a little bit of regression in sucking (things get worse instead of better) for a day or two as your child’s brain tries to sort out how to use their tongue now that the restriction is gone. If you have been pumping and/or supplementing prior to the release of your child’s tongue and/or lip-tie, any changes to your routine should be made very gradually as you keep an eye on your baby’s weight gain.

Should you have any questions or concerns, please contact our office at 813--889--0780. After hours you may contact Dr. Sierra through the answering service. You may also email Dr. Sierra at Frank@SierraDMD.com.
Treatment of Tongue Tie and Lip Tie

Tongue Tie - Ankyloglossia (Lingual Frenum): mild, moderate, or severe

- The lingual frenum is the cord that stretches from the tongue to the floor of the mouth. If the tongue is attached too close to the tip of the tongue or too tight to the floor of the mouth its mobility is restricted often causing difficulty with breastfeeding, chewing, speech, oral hygiene, etc.
- Tongue tie release (frenectomy) may improve these problems when followed by stretching exercises and follow up with your Lactation Consultant.

Lip Tie (Maxillary frenum): mild, moderate or severe

- The maxillary frenum is the membrane between the lip and the gum. When it is very tight this may interfere with a baby’s ability to latch correctly on the breast, and interfere with the ability to maintain good oral hygiene and proper dental development.
- Lip tie release may improve feeding, brushing, gum recession, spaced teeth, etc.